



## New HVAC Service Partner Registration

**\*Missing Information Will Delay Registration\***

### I. PRIMARY ADDRESS

\*Company Name: \_\_\_\_\_  
\*Company Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip : \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Address: \_\_\_\_\_

### II. GEOGRAPHIC COVERAGE AREA (PLEASE IDENTIFY STATES AND MAJOR REGIONS):

\_\_\_\_\_

### III. PRIMARY PURCHASING/AP CONTACT

\*Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### IV. BILL TO INFORMATION

\*Company Name: \_\_\_\_\_  
\*Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
\*Accounting Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
\*Accounting Contact: \_\_\_\_\_  
\*Accounting E-mail: \_\_\_\_\_ Accounting Fax: \_\_\_\_\_

### V. SHIP TO INFORMATION (IF DIFFERENT THAN BILL TO)

Label: \_\_\_\_\_ (a recognizable description)  
Addressee: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

### VI. CREDIT APPLICATION

\*Legal Name \_\_\_\_\_  
Previous Address if Less Than 2 Years: \_\_\_\_\_  
Phone# \_\_\_\_\_ \*Date Business Began \_\_\_\_\_ Number of Employees \_\_\_\_\_  
\*Type of Business: Corp \_\_\_\_\_ Partnership \_\_\_\_\_  
Sole Proprietor: Name: \_\_\_\_\_ SS# \_\_\_\_\_  
\*Federal Tax ID#: \_\_\_\_\_ DUNS#: \_\_\_\_\_  
Tax Exempt: \_\_\_\_\_ **\*\*(please provide Certificate)\*\***  
Credit Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Name on card if different than company name: \_\_\_\_\_  
\*Requested Credit Amount: \$ \_\_\_\_\_ Annual Volume \_\_\_\_\_ \*Terms: \_\_\_\_\_



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Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The above information is willingly supplied and the creditor is authorized to contact the above bank and trade references in order to establish the credit worthiness of the above named company. The creditor is authorized to obtain credit reports on the company should a credit availability be granted by the creditor, all decisions with respect to the extension of continuation shall be in the sole discretion of the creditor. In addition, for Partnerships and Sole Proprietors only, the creditor is authorized to obtain credit reports on the proprietors, partners, or principles should a credit availability be granted by the creditor, all decisions with respect to the extension of continuation shall be in the sole discretion of the creditor. The creditor, at its sole discretion, may terminate credit or change terms without notification to the customer.

*I have read and understand the above terms and conditions, and hereby agree to them.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a copy of signed & dated W9 form*

**Please email completed form and signed W-9 to:**  
[HVACServicePartnerReg@tempestelecom.com](mailto:HVACServicePartnerReg@tempestelecom.com)

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### TEMPEST SUPPLIED INFORMATION

**Is this customer already a VENDOR with Tempest?**

**Sales Contact:** Dave Smargon      **Phone:** (805) 879-4807

**Tempest Sales Rep:** \_\_\_\_\_ **Territory:** \_\_\_\_\_

Lead Source: Ad/Cold Call/Other/Prior Relationship/Referral/Trade Show/Web

**Comments:** \_\_\_\_\_

**Category:** Vendor, HVAC Svc Co.

#### FINANCIAL

Account #: \_\_\_\_\_ Approved By: \_\_\_\_\_

Requested Terms: \_\_\_\_\_ Approved Terms: \_\_\_\_\_

Requested Credit Limit: \_\_\_\_\_ Approved Credit Limit: \_\_\_\_\_

Taxable: \_\_\_\_\_ Resale #: \_\_\_\_\_ State \_\_\_\_\_

Primary Shipping Acct: \_\_\_\_\_